

Children's Dental Services

Preventive Services

	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations
Cleanings	Х			2 x year	Must be medically necessary if member is under 1 year of age
Fluoride treatments (including fluoride varnishes)	Х			2 x year	
Sealants (list any tooth-specific limits)	Х				Currently limeted to one tooth per lifetime unless medically necessary. Limited to permanent molars and premolars
Space maintainers		X			

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Diagnostic Services

	Is th	e service Cover	ed?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Recommended age of first visit?
Dental examinations						
	Х			2 x year		1 yr
X-Rays						
Bitewing					Bitewing radiographs are limited to one set every twelve months	
Full Mouth					One set every three years.	
Panoramic					One set every three years.	

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Treatment Services

	Is the service Covered?					
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Fillings		-				
Silver amalgam	Х					
Tooth colored composite			Х			
Crowns/tooth caps						
Stainless steel crowns	Х					
Metal (only) crowns	Х					
Metal/porcelain crowns	Х					
Porcelain (only) crowns			Х			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	Х					
Root canals on permanent teeth	Х					
Gum (periodontal) therapy						
	X				Four units every two years	

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	Is th	Is the service Covered?				
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Dentures	-					
Partial dentures		X				
Complete dentures		Х				
Bridges		Х			Medically necessary only	
Orthodontics*						
Retainers (orthodontic)			Х			
Braces		Х				For craniofacial conditions only
Oral surgery						
Simple extractions		X				
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment		Х				
Cancer treatment	X					
Treatment of fractures	X					
Biopsies	X					

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	Is the service Covered		red?			
	Yes	Only with prior authorization	No	Frequency	List any service-specific limitations	Criteria for coverage
Treatment of jaw joint problems (TMJ)				-		
			Х			
Emergency room services provided by a	dentist					
	Х					
Inpatient Hospital Services						
	Х					
Anesthesia						
General anesthesia						
Intravenous conscious sedation						
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						

^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).

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